

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000045143

1. Entity Name
CART SMARTS OF ST. AUGUSTINE, FLORIDA, INC.



Principal Place of Business
2740 PLEASURE LANE
ST AUGUSTINE, FL 32084

Mailing Address
2740 PLEASURE LANE
ST AUGUSTINE, FL 32084

FILED
Apr 18, 2007 08:00 AM
Secretary of State



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0569755

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLOAT, SUSAN M
2740 PLEASURE LANE
ST AUGUSTINE, FL 32084

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SLOAT, SUSAN M
STREET ADDRESS 2740 PLEASURE LANE
CITY-ST-ZIP SAINT AUGUSTINE, FL 320840840

TITLE
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04/27/07-80033-011-150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan M Sloat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-07

904-540-1934
Date Daytime Phone #